

LEAD AGENCY RESPONSIBILITIES**19. LEAD AGENCY RESPONSIBILITIES**

This section discusses the responsibilities of Lead Agencies. This usually is the local Area Mental Health/Developmental Disabilities/Substance Abuse Authority/Management Entity unless Lead Agency status has been reassigned as described in Section 3.5 of this Manual.

Lead Agencies are the only agencies allowed to enroll with DMA to provide CAP-MR/DD Case Management. Other agencies that provide Case Management Services do so through a contractual arrangement with the Lead Agency.

Area Programs/CAP-MR/DD Lead Agencies have numerous responsibilities as Lead Agencies for the CAP-MR/DD Waiver, as described below. Readiness criterion will be established and Area Program/Lead Agency readiness to perform management functions related to CAP-MR/DD funded services delineated below are determined and monitored by the Division of Mental Health/Developmental Disabilities/Substance Abuse Services.

Basic Lead Agency Functions

General administrative functions that are the responsibility of the local Lead Agency include the following:

- Prioritization and management of the funding allocation process;
- Management of allocated funding;
- Management of appeals for levels of care and services;
- Maintaining community relations: recipients/families, DSS, schools, Health Department, County Commission, advocacy groups, etc.;
- Provide initial training, ongoing training, and supervision to case managers;
- Maintain automated tickler system for upcoming Level of Care determinations and CNRs;
- Provide a copy of the Plan of Care, including Cost Summary, to the person/legally responsible person and the Provider Agency prior to implementation of the Plan. The Plan must be given to the Provider Agency in time for the Provider Agency to implement the Plan. In addition, the Lead Agency provides the Provider Agency with copies of information that the Provider Agency needs to maintain records of people served in compliance with the Service Records Manual;
- Maintain service provider list, recruit providers to address unmet needs, provide training and technical assistance to provider agencies enrolled to provide services in the Lead Agency catchment area;
- Assure family/recipient awareness and choice for all available waiver services;
- Review potential providers seeking DMA enrollment;
- Conduct implementation reviews of providers;
- Submit requested information for DMA Quality Assurance reviews;
- Maintain Local Approval Process. See Section 14;

- Maintain Quality Assurance and Records Management Systems including qualitative and quantitative reviews of billing and documentation; conducting incident reviews; submitting all reports of serious injuries to DMH/DD/SAS in addition to the death reporting requirements of DMH/DD/SAS per Administrative Rule 14V .0801; conducting client rights reviews; and maintaining organized medical records;
- For Lead Agency billed services, process billing, verify that billing does not exceed cost summary, transmit billing, post remittance advises, research denials and rebilling as indicated, and order/purchase non-service items (Augmentative Communication Equipment, Environmental Accessibility Adaptations, Waiver Equipment and Supplies, Transportation Services, and Vehicle Adaptations);
- For Lead Agency and Provider Agency billed services, utilize Paid Claims as warranted by specific situations as needed.
- Maintain appropriate MIS system.